Montana Children's Trust Fund Board Meeting Minutes

April 25, 2017 Montana Boardroom, Radisson Colonial Hotel 2301 Colonial Drive, Helena, MT 59601

<u>Tuesday, April 25, 2017</u> <u>9:00 AM</u>

MT CTF Voting Board members present: Clementine Lindley (Chair, Recorder), Tracy Moseman,

Kristina Davis, Joe Raffiani, Patty Butler

Board members absent: Leslie Caye (Vice-Chair)

MT CTF Staff members present: Melissa Lavinder (Program Specialist/Technical Assistant),

Jamey Petersen (Director), Peter Hanes (AmeriCorps VISTA)

Guests present in Helena: Sarah Corbally

1. February 1-2 Minutes

- Kristina Davis moved that the MT CTF Board approve the February 1-2 Minutes. Unanimous oral vote. Motion adopted.
- See pages 3-5 for details.

2. Current Strategic Plan

- ➤ Joe Raffiani moved to accept the proposed edits to Strategic Planning Decisions. Unanimous oral vote. Motion adopted.
- See pages 6-8 for details.

3. Renewals

- Kristina Davis moved to approve all renewal requests for the amounts requested. Unanimous oral vote. Motion adopted.
- MT CTF Board recommends each applicant be renewed at value requested.
- > Discussion on CBCAP Grant requirements.
- Discussion on easing the renewal process for grantees.
- Discussion on cost analysis of MT CTF grants.

4. 0-3 Plan 2017-2018

- Tracy Moseman moved to approve the 2017-2018 Zero to 3 Plan as presented. Unanimous oral vote. Motion adopted. Patty Butler abstained from vote.
- See pages 9-11 for details.

5. Trauma Informed Care Update

See pages 12-30 for details

- 6. Budget 2017-2018
 - ➤ Patty Butler moved to approve the 2017-2018 Projected Budget as presented. Unanimous oral vote. Motion adopted.
 - > See pages 31-33 for details.
- 7. Bylaws Update
 - ➤ Joe moved to approve the Bylaws as amended. Unanimous oral vote. Motion adopted.
 - > See pages 34-39 for details.
- 8. Sarah Corbally HMHB Update
 - > See pages 40-51 for details.
- 9. No Public Comment
- 10. Clementine Lindley moved that the MT CTF Board adjourn. Unanimous oral vote. Motion adopted. Meeting Adjourned at 4:49 PM

Montana Children's Trust Fund Board Meeting Minutes

February 1-2, 2017 2nd Floor Wilderness Conference Room 2401 Colonial Drive, Helena, MT 59601

Wednesday, February 1, 2017 12:00 PM

MT CTF Voting Board members present: Clementine Lindley (Chair), Leslie Caye (Vice-Chair), Patty Butler, Tracy Moseman

Board members absent: Kristina Davis, Joe Raffiani

MT CTF Staff members present: Melissa Lavinder (Recorder, Program Specialist/Technical Assistant), Jamey Petersen (Director), Peter Hanes (AmeriCorps VISTA)

Guests present in Helena: Katie Bevan, Kaci Gaub, Erna Granbois, Deb Halliday, Mike Halligan, Kelly Hart, Mark Kelley, Bart Klika (phone), Mick Leary, Rochelle Quist, AC Rothenbuecher, Robin Suzor, Vicki Turner

- 11. Community Partners Presentations (see <u>zipped file</u> for presentation materials)
 - ➤ Building stronger partnerships and lines of communication
 - Promising Pregnancy Care
 - o Emergency Medical Services for Children
 - o Trauma-Informed Care/Zero to Three/PURPLE
 - CTF Needs Assessment
 - o Maternal, Infant, and Early Childhood Home Visiting
 - o Tribal Nations Period of PURPLE Crying
 - o Prevention Resource Center/Interagency Coordinating Council
 - o Funders for Montana's Children and Collective Impact Initiative
 - Child & Family Services Division
- 12. No Public Comment
- 13. Meeting Adjourned at 4:38 PM
 - Clementine Lindley moved that the MT CTF Board adjourn. Unanimous oral vote. Motion adopted.

Thursday, February 2nd, 2017 9:00 AM

MT CTF Voting Board members present: Clementine Lindley (Chair), Leslie Caye (Vice-Chair), Patty Butler, Kristina Davis, Tracy Moseman, Joe Raffiani

MT CTF Staff members present: Melissa Lavinder (Recorder, Program Specialist/Technical Assistant), Jamey Petersen (Director), Peter Hanes (AmeriCorps VISTA)

Guests present in Helena: Vicki Turner

14. Review Rules/Bylaws

Decision to have the CTF Board members review the bylaws for any necessary revisions before the next board meeting

15. Elections

- ➤ Patty Butler moved that the slate of officers remain Clementine Lindley as Chair and Leslie Caye as Vice Chair. Tracy Moseman seconded the motion.
 - No other nominations
 - No discussion
 - o Unanimous Oral Vote. Motion adopted.

16. Review Minutes

- Leslie Caye moved that the MT CTF Board approve the May 3-4 minutes. Unanimous oral vote. Motion adopted. Tracy abstained.
- Leslie Caye moved that the MT CTF Board approve the <u>August 22 minutes</u>. Unanimous oral vote. Motion adopted. Tracy abstained.

17. Review Strategic Plan

- Decision to review update on strategic plan at the next board meeting
- Decision to update strategic plan after CAN Needs Assessment is complete

18. Budget 2017-2018

- Discussion on correcting staff wages
- Decision to review draft budget in Spring 2017

19. RFP/RFR Planning

Decision on RFP Process and future funding to be made at next board meeting

20. Update on Zero to Three Funds

Decision to review optional plans at next board meeting.

21. Update on CBCAP

See Montana CBCAP 2015-2016 Report

- 22. Discussion of presentations from partners Feb. 1, 2016
 - > See page one for details
- 23. Statewide Resource Fairs
 - > Decision to allow staff to move forward with statewide resource fairs
- 24. April Awareness Month and Year Round Awareness
 - See Montana CBCAP 2015-2016 Report, Section 9
- 25. Upcoming Travel
 - > CAN Conference, April 25-27, Helena
 - CBCAP Annual Grantees Meeting in Washington, D.C. Date TBD
 - National Alliance of Children's Trust and Prevention Funds in Little Rock, AS Date TBD
- 26. Set Next Meeting
 - April 25, 2017 at Radisson Hotel in Helena
- 27. Agenda Items for Next Meeting
 - Renewals
 - Bylaws
 - > Strategic Plan
 - > Zero to Three Funds Plan
 - Budget
- 28. No Public Comment
- 29. Meeting Adjourned at 2:07 PM
 - Clementine Lindley moved that the MT CTF Board adjourn. Unanimous oral vote. Motion adopted.

STRATEGIC PLANNING DECISIONS

February 17, 2015

Our goals for 2015-2016-2017-2019

1. Provide funding for high quality community-based programs that enhance the six protective factors and prevent child abuse and neglect.

Elements / tasks / initiatives:

- a. Prioritize Best Beginnings and Promise Neighborhood programs, and collaborations with Schools of Promise.
- b. Continue and renew existing programs/grantees to the extent we think it makes sense.
- c. Become data informed and consider new strategies for funding effective programs base on regional/statewide community needs, risk factors and protective factors.
- d. Consider special mini-grant opportunities for grantees.
- e. Hold Annual Grantee Meetings:
 - Teach them sustainability and fund development; and
 - Provide other useful training.
- f. Gather consistent outcome/evaluation data. Help grantees effectively use the pilot shared with them in February.
- g. Complete and utilize data from the statewide Needs Assessment
- h. Emphasize programs and activities with Native American populations:
 - Collaborate with partners; both tribal and non-tribal the Funders for Montana's Children tour in March/April 2015 with JoAnn; and
 - In 2016, Create/update plan to identify with the Tribal members what their recommendations are about how to use prevention dollars most effectively utilizing partners and information from Needs Assessment.
 - Explore potential data gathering taking place on Reservations, and look at ways to expand that work to other Reservations. Look at the Tribal demographic information related to children, families, and the protective factors that is gathered by the Office of Public Instruction and Child and Family Services.
- a. To the extent possible, streamline the RFP review process, while encouraging both renewals and new grantees' applications.
- b. Create/renew a Continue to streamline process for the Board's review of grantees' activities to assure fidelity and accountability.
- 2. Continue our support of PURPLE to prevent Shaken Baby Syndrome events.

Elements / tasks / initiatives:

- a. Evaluate data related to implementation
- b. Continue efforts with tribes and tribal trainers

- c. Build sustainability and capacity through partnerships with tribes, Dose 2 &3 partners and training opportunities for both new trainers and providers such as pediatricians, childcare providers, etc. (per MCA).
- d. Continue Trauma Informed Care training efforts through Early Childhood Services Bureau that incorporate SBS prevention/PURPLE.
- 3. Grow public awareness and understanding of the importance of the protective factors <u>and</u> the Children's Trust Fund.

Elements / tasks / initiatives:

- a. Continue the special events and resource events; building capacity for organizations statewide to take on these efforts long-term—Halloween, April Awareness Month events, resource fairs, trainings, etc.
- b. Promote the Tax Return Check-Off.
- c. Pursue donations and fundraising activities.
- d. Sponsor and have a table at the Child Abuse and Neglect Conference and Montana Non-profit Association.
- e. Participate in the Early Education efforts.
- 4. Conduct or participate in research Statewide Needs Assessment efforts, with an emphasis on the protective factors, the needs, assets, outcomes, results, baselines, and incorporating draft legislation for a statewide strategic plan for CAN prevention, etc.

Elements / tasks / initiatives:

- a. Review Phase 1 Report from University of Montana (Summer 2017) regarding Needs Assessment planning.
- b. Participate in (and sometimes initiate) and coordinate partnerships that facilitate better data collection and evaluation. Identify what questions we want answered, and continue to work with partners speak with Sarah about this goal.
- c. Address what works well with different populations (geographically and ethnicity) to enhance the six protective factors and prevent child abuse and neglect. What programs are most effective in which populations and demographics? Look at other states' research results, particularly South Dakota and Utah.
- d. Consider partial funding of the Child Protective Services' Children's Fatality Review Commission.
- 5. Support events that contribute to our mission of enhancing the six protective factors and prevent child abuse and neglect.
 - a. Early Childhood Summit

- b. Child Abuse and Neglect Conference, via our sponsorship, information table and participation in the awards.
- c. Montana Nonprofit Association sponsorship to send grantees to build skills, capacity and sustainability.
- d. Early Education.
- e. Resource Fairs
- 6. Pursue Continuously having a parent leader serving on the CTF Board <u>or</u> in another meaningful way to guide our work and choices.
- 7. Pursue a VISTA worker for the next cycle and choose where their effort will be focused.
- 8. Fulfill the CBCAP grant responsibilities.
 - a. Implement the application steps and all its components.
 - b. Attend the CBCAP Annual Meeting.
 - c. Submit all required reports and application.

Our resources and assets

- 2. Two three-quarter time staff people
- 3. The CBCAP funding
- 4. The potential for a VISTA and an intern
- 5. Our volunteer database
- 6. The State paying for our staff's salaries
- 7. Financial reporting by state staff
- 8. The Board of Directors
- 9. The grantees' history and expertise
- 10. We have come a long way with data collection and have a possibility of a database in the future
- 11. Cassandra's technical assistance
- 12. Partnerships and collaborations to prevent child abuse
- 13. The opportunity to leverage even more funds from what we raise with the CBCAP special "leverage funds."

DRAFT - Zero to 3 State General Funds Plan (\$110,000)

SFY18: July 1, 2017-June 30, 2018

\$ 35,000 Montana Tribal Nations Period of PURPLE Crying Training (conferences, local trainings)

\$ 75,000 Trauma-Informed Care and Prevention of Shaken Baby Syndrome-Abusive Head Trauma - Dose 2

\$110,000 Total State General Funds

Montana Tribal Nations Period of PURPLE Crying Training:

Background:

The Montana Children's Trust Fund (MT CTF) has supported three individuals, Serene SunChild; Erna Granbois; and Jody Jones, to be trained as Certified Facilitators for the Period of PURPLE Crying as of May 17, 2016. They, along with National Center on Shaken Baby Syndrome (NCSBS) staff, conducted the Montana Tribal Nations Period of PURPLE Crying Training to participants from across tribal nations in Bozeman, Montana on June 13-14, 2016. Following the training, key stakeholders and public health workers from the Montana Tribal Nations were able to take the information back to parents, families, and caregivers in their communities to help strengthen families and communities. Local training events were and will continue to be supported through July 1, 2016 - June 30, 2017. The funds will go toward training materials, meeting room space, the facilitator stipend, and other support that might be requested.

This effort specifically addresses MCA 50-16-103 and MCA 50-16-104, and more importantly, our underserved areas in the state.

Continuation SFY18 (July 1, 2017-June 30, 2018) \$35,000

The MT CTF will continue funding the SBS prevention/PURPLE Tribal Training *utilizing \$12,000* to support across all of Montana's tribal communities. To create more sustainability with the Period of PURPLE Crying and SBS Prevention, emphasis on tribal communities; the MT CTF will also fund a training workshop as part of the Annual Child Abuse and Neglect (CAN) Conference held in Helena during April of 2017 and in Missoula during April of 2018. During this workshop, our partners at NCSBS and our current certified tribal facilitators will give a certification training to ensure that each tribe has at least one certified facilitator. Non-tribal participants will be encouraged to attend and become certified, as well. This will occur two (or more) consecutive years at the CAN Conference to:

- ✓ boost continuous quality improvement of the Period of PURPLE Crying program;
- ✓ increase sustainability and expand the core group of certified facilitators; and
- ✓ ensure fidelity and widespread education of the PURPLE/SBS prevention program

The MT CTF will coordinate with other partners to build collaboration and collective impact by pooling resources to offer opportunities and incentives for our facilitators to present and also to be cross-trained in other similar prevention programs through partners such as the March of Dimes and others.

Anticipated budget for the CAN Conference is \$8,000 out of the \$35,000 for SFY18.

The MT CTF will work with existing certified tribal facilitators and partners across Montana's tribal communities to identify gaps and opportunities for SBS prevention services. The MT CTF will then offer mini grants to tribal partners who currently host existing prevention/health resource fairs /events and/or those who see a need to create one. In partnering, we will expand our SBS education efforts beyond the class room/trainings to a more organic, grassroots focus.

Anticipated budget for Tribal Mini Grants is \$15,000 out of the \$35,000 for SFY18.

Trauma-Informed Care and Prevention of Shaken Baby Syndrome-Abusive Head Trauma

Background:

Trauma-informed practices, care, and education are infused into many programs within MT DPHHS including but not limited to: STARS to Quality (Quality Rating Improvement System for child care programs), Healthy Montana Families (evidence-based home visiting), Healthy Montana Teen Parent Program (HMTPP), and Project LAUNCH (Linking Action for Unmet Needs in Children's Health). Within these programs there are initiatives that support a one and two-generational approach and strategies to strengthen and build upon the Department's broader goals in addressing Shaken Baby Syndrome-Abusive Head Trauma. This project will coordinate with the Montana Children's Trust Fund (MT CTF), the Public Health and Safety Division's Pregnancy Care Pilot Project and Emergency Medical Services for Pediatrics, and the Office of American Indian Health within MT DPHHS to provide trauma-informed care and education and Prevention of Shaken Baby Syndrome – Abusive Head Trauma throughout the state including American Indian populations.

The MT DPHHS Early Childhood Services Bureau has utilized \$75,000 from the MT CTF during 2016-2017 to strengthen the resources for early childhood educators by providing training, education, and system support in trauma informed care and education intentionally focused on supporting infant and toddler caregivers, home visitors, HMTPP case managers, and parents of children from birth to 3 years old. This has included training on Shaken Baby Syndrome – Abusive Head Trauma Prevention as well as trauma-informed care and Adverse Childhood Experiences (ACEs) for early childhood educators and service providers. Collaboration, within and outside of MT DPHHS, to achieve the proposed project goals were and will continue to be intentional. This effort directly addresses MCA 50-16-103 and MCA 50-16-104.

Continuation: SFY18 (July 1, 2017-June 30, 2018): \$75,000

As the Trauma Informed Care and Shaken Baby Syndrome Prevention project continues to move forward, there is a clear need for continuation of these strategies and trainings. The team working on this project

has been able to blend funding from participants and in-kind donations to train more participants than anticipated and has received far more interest from a broader community that was initially included in the target populations. Additional deliverables for this work would include:

- Expand access to trauma informed care and prevention of shaken baby abusive head trauma trainings and resources to organizations and communities statewide with a focus on strategies, leadership, and systems level integration
- Collaboration and communication with statewide stakeholders including MT Healthcare
 Foundation, primary care providers, and pediatricians to braid funding, efforts, resources and messaging around trauma informed care and prevention of shaken baby abusive head trauma

This effort will continue to directly address MCA 50-16-103 and MCA 50-16-104.

Anticipated budget for Trauma-Informed Care and Shaken Baby Syndrome Prevention project is\$75,000.

ECSB Accomplishments to Date: April 15, 2017

Goal 1: Increase knowledge of Adverse Childhood Experience study, Trauma Informed Care, and Shaken Baby-Baby Abusive Head Trauma by offering at least 10 trainings across Montana by June 30, 2017.

Objective 1.1: Train Pyramid Model coaches and STARS Consultants in ACEs study and Trauma Informed Care.

- Coaches and Consultants will be the first to use the online training module focused on Trauma Informed Care.
- The Training module will be available on www.childcaretraining.org
- They will take the Prevention of Shaken Baby Syndrome and Abusive Head Trauma online training (2 hours)
- Feedback will be gleaned about how the coaches and consultants will use this information in their work with child care providers

Objective 1.2: Develop online trainings in brain development, trauma informed care, and shaken baby syndrome.

- Shaken Baby modules: completed
- Brandevelopment: Completed
- · Trauma-informed care
 - In final review stage by CCT and IERS
 - Companion toolkit finalized and being printed through the State of Montana Printing and Graphics Services
 - Online trainings, toolkit, and manual will be distributed to those who have attended CTF-funded trainings and other trainings focused on ACEs and trauma

Objective 1.3: Coordinate at least 5 trauma informed care trainings and prevention of shaken baby abusive head trauma with local Best Beginnings collations and HMTPP contractors statewide.

 As of April 15, 2017, 14 trainings have been completed and additional 10 are scheduled through the end of June (see Map and companion table for more details)

Goal 2: Provide outreach and education on PURPLE, prevention of shaken baby abusive head trauma, trauma informed care, STARS to Quality, ASQ & ASQ:SE screening to at least 200 health professionals who serve parents and families in Montana by June 30, 2017.

Objective 2.1: Provide outreach and education via conferences, phone calls, and in-person meetings to pediatricians, hospitals, obstetricians, midwives, the Montana Public Health Association, the Child Abuse and Neglect Conference, the American Association of Pediatrics, and other identified stakeholders.

 IERS will present at the 2017 Child Abuse and Neglect Conference on Caring for Children Who Have Experienced Trauma (for foster families)

- Survey assessing knowledge and training needs for ACEs, Trauma Informed Care, and Prevention of Shaken Baby Syndrome developed and sent to the American Academy of Pediatn'cs – MT Chapter in December 2016 (6 responses; see attached survey results)
 - AAP information and resources also sent out with survey
- Prevention of Shaken Baby Abusive Head Trauma scheduled with midwives and birthing center staff in Whitefish in June 2017

Goal 3. Coordinate activities with identified stakeholders

Objective 3.1; Communicate with Montana Children's Trust Fund, the Public Health and Safety Division's Pregnancy Care Pilot Project and Emergency Medical Services for Pediatrics

- Ongoing conversations have been held with Montana Children's Trust Fund, Public Health and Safety Division, and Emergency Medical Services for Pediatrics including resource sharing
- Additional conversations have been held with:
 - Montana Healthcare Foundation- they conducted an analysis and review of trauma-informed work occurring in Montana (full white paper released in early February)
 - Best Beginnings Advisory Council Meeting on January 25th was focused solely on trauma-informed care and brought together many stakeholders from a state and local level

Noted Changes:

- Shortly after the February 1 Children's Trust Fund Board meeting, Dennis Molnar
 informed that he was moving out of state and unavailable to provide trainings on the
 prevention of Shaken Baby Syndrome.
 - As a result, Sarah Corbally with Healthy Mothers, Healthy Babies will be providing the training in Whitefish to midwives and birthing center staff
 - Estimated cost: \$850 (training fee, lodging, per diem, and mileage) or 1.13% of total budget
- To meet the number of training requests on the topics covered by IERS, two additional trainers have been brought on board, both of whom are former IERS staff: Nanci Waterhouse (independent consultant) and Andrea Holmes (staff at Florence Crittenton)

Prevention of Shaken Baby Syndrome Activities:

- Training
 - a Blackfeet Manpower Staff
 - i Topic: Period of PURPLE Crying
 - Trainers: Erna Granbois and Serene Sunchild PURPLE Certified Trainers
 - iii. Date: December 13, 2016

- STARS Coaches and Consultants
 - i. Online prevention of shaken baby abusive head trauma modules
 - ii. Date: May-June 2017
- c. Whitefish Birthing Center Staff
 - i. Topic: Prevention of Shaken Baby Syndrome
 - ii. Trainer: Sarah Corbally Healthy Mothers, Healthy Babies of Montana
 - iii. Date: Scheduled for June 8, 2017

Assessment

- a. American Academy of Pediatrics Montana Chapter Survey
- b. Survey distributed Dec. 2016 via newsletter to determine the level of knowledge, incorporation of knowledge into practice, interest in training, and preferred means of training (i.e., in-person, online live, pre-recorded online) regarding ACEs, trauma informed care, and shaken baby syndrome.
- c. Six responses received (see attached)

Conference

- a. Healthy Mothers, Healthy Babies is considering a proposal to the Great Beginnings, Great Families conference in August on the topic of prevention of shaken baby abusive head trauma.
- b. Estimated attendance approx. 150 early childhood and public health professionals

Prevention of Shaken Baby - Abusive Head Trauma ACEs Master Trainer ## ## ## ## ## GASSBON Trauma-Informed Trainings 2016-2017 PER :: ChildWise PURPLE Training Type: MONTANA

PURPLE training - 56 Actual or Estimated Trauma Awareness Fraining - 32 Participants Number of 38 22 23 33 20 50 CTF Project Training Schedule - Trauma-Informed Care and Prevention of Shaken Baby Abusive Head Trauma managers (Workforce Innovation and Child care providers, early childhood relations, maintenance, Pregnant and staff, college staff, Head Start, Child student, local reporter, nurse, school Home visitors, after school program teacher, pre-k teacher, home visitor, Feachers, parents, counselors, non-Opportunity Act, Native American WIC, Home visitors, Public school Maelstrom Air Force Base Family directors, therapists, library aide, Specialists, Public Health Nurse, Career and Technical Education Program), HR, fiscal, IT, Public Early Head Start and Head Start Blackfeet Manpower staff: case profit board members, program programs - teachers and teacher Participant Role Type and Family Services staff, case trustee, local reporters, Family pre-k through grade 3 teacher, childhood teachers, child care providers, pre-k to 3 teachers Program administrator, early child/family support agency Parenting Teens Coalition managers, nurses superintendent Advocacy assistants Completed Completed Completed Completed Completed Completed Completed Status Traumatic Stress and Frauma Awareness Training Topic and PURPLE ACEs/trauma ARC model ARC model awareness Secondary Self Care ACEs ACES Gallatin Early Childhood Community Great Falls · December 16 - 17, 2016 Mineral County Health Department* Great Falls · December 5, 2016 Great Falls · February 1, 2017 Alberton · November 4, 2016 Bozeman · February 13, 2017 Agency, Location, Date Butte · February 25, 2017 Butte · January 21, 2017 Blackfeet Manpower Alliance for Youth Alliance for Youth Butte 4C's Butte 4C's Council* a m 4 Vή 7

CTF Project Training Schedule - Trauma-Informed Care and Prevention of Shaken Baby Abusive Head Trauma

	Agency, Location, Date	Training Topic	Status	Participant Role Type	Actual or Estimated Number of Participants
00	Park County Early Childhood Coalition* Livingston · March 8 - 9, 2017	ACEs	Completed	Teachers, child care providers, school nurse, RN, EMT, mentor, therapists, non-profit, probation, retired, LAC/suicide prevention	62
60	Head Start Cluster Meetings* Missoula · March 9, 2017	Facilitated discussions with IERS around trauma and putting it into practice with strategies	Completed	Head Start Education Managers	15
10	Head Start Cluster Meeting* Anaconda · March 23, 2017	Facilitated discussions with IERS around trauma and putting it into practice with strategies	Completed	Head Start Health Managers	18
11	Anaconda Deer Lodge Best Beginnings Coalition Anaconda · March 25, 2017	Strategies to Address Trauma (formerly the ARC model)	Completed	Advocates, foster parents, therapists, teacher, Guardian Ad Litem, child care provider	23
12	Harmony House Billings · March 29, 2017	Secondary Traumatic Stress and Self Care	Completed	HRDC Staff: Client advocates, alternative ed instructor, child care case manager, Pathways staff, youth employment case manager, Harmony House staff, early childhood specialist	34
13	Dawson County Health Department* Glendive - April 7, 2017	ACEs	Completed	Head Start teachers, childcare providers, and early primary teachers	41
14	Richland County Health Department / Coalition Sidney - April 7-8, 2017	Trauma Awareness and ARC Model	Completed	Teacher, Parent educator, family support specialist, youth probation officer, behavioral interventionist, chronic disease prevention specialist, therapist, child care provider	188

CTF Project Training Schedule - Trauma-Informed Care and Prevention of Shaken Baby Abusive Head Trauma

					Actual or Estimated
Agency	Agency, Location, Date	Training Topic	Status	Participant Role Type	Number of Participants
Head Star Helena	Head Start Cluster Meeting* Helena · April 20-21, 2017	Facilitated discussions with	Scheduled	Family Community Partnership Managers	
		IERS around trauma and putting it into			20-25
		practice with			
Healthy N	Healthy Montana Teen Parent	Secondary	Scheduled	HMTPP grantees	
Program*		Traumatic Stress and			20
Helena ·	Helena · April 25-26, 2017	Self Care, Trauma Awareness, ARC			1
Child Ab	Child Abuse and Neglect Conference	Caring for Children	Scheduled	CAN Conference attendees; foster	
Helena .	Helena · April 26, 2017	Who Have		families	001 000
		Experienced Trauma (for foster families)			
Park Cou	Park County Early Childhood	ARC model	Scheduled	Teachers, child care providers	
Coalition*	*				75 to 100
ivingst	Livingston · April 26 - 27, 2017				
Flathead Kalispel	Flathead Best Beginnings Coalition Kalispell · April 29, 2017	ARC Model	Scheduled	Early childhood workers, preschool teachers and child care providers	50 to 100
Blackfee	Blackfeet Indian Health Services	Trauma Awareness	Scheduled	Medical professionals from IHS	
Brownin	Browning · May 3 and May 10	and Secondary		(nurses, CNA, NP), possibly EMS, as	
		Traumatic Stress and		well as members of the teen	10 to 20
		Self Care		pregnancy coantton who have not previously received this training. Social Services invited.	
Cincoln (Lincoln County Best Beginnings	Strategies to	Scheduled	Best Beginnings Coalition member	
Coalition Libby · M	Coaintion Libby • May 13, 2017	(formerly the ARC model)		organizations; schools in Lincoln County	50 to 100

CTF Project Training Schedule - Trauma-Informed Care and Prevention of Shaken Baby Abusive Head Trauma

pe Actual or Estimated Number of Participants	rember 50	20 to 50	04
Participant Role Type	Best Beginnings Coalition member organizations	Birthing center staff, midwives	Best Beginnings Coalition
Status	Scheduled	Scheduled	Scheduled
Training Topic	ARC, and Secondary Traumatic Stress Self-care	Shaken Baby/Abusive Head Trauma	Secondary Traumatic Stress and Self Care
Agency, Location, Date	Gallatin Early Childhood Community Council* Bozeman · June 3 and June 24, 2017	23 Flathead County Best Beginnings and North Valley Hospital Whitefish • June 8, 2017	Richland County Health Department / Coalition Sidney - June 10, 2017
	22	23	24

*Note: While CTF funds were used to coordinate training, this training is supported in part or in whole by other funding sources

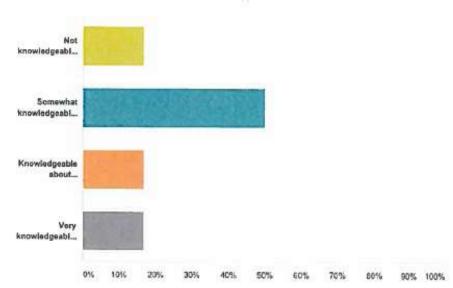
Estimated total additional attendees: 355 - 625

Attended as of 4/18/17: 485

Pediatric Survey to Assess Knowledge of Trauma-Informed Care

Q1 How knowledgeable are you about Trauma-Informed Practice?

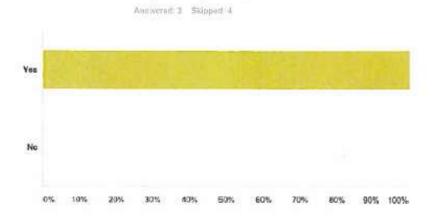
Assisted 6: Skipped: 0



Answer Choices	Responses
Not knowledgeable about Trauma-Informed Practice	16.67% 1
Somewhat knowledgeable about Trauma-Informed Practice	50.00%
Knowledgeable about Trauma-Informed Practice	16.67%
Very knowledgeable about Trauma-Informed Practice	16.67%
otal	

Pediatric Survey to Assess Knowledge of Trauma-Informed Care

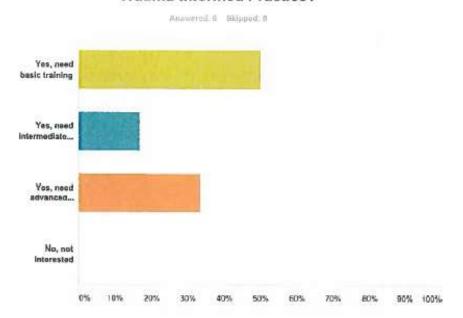
Q2 If you answered "knowledgeable" or "very knowledgeable", do you incorporate this knowledge into your practice?



Answer Choices	Responses	
Yes	100,00%	2
No	0.00%	ū
Total		2

Pediatric Survey to Assess Knowledge of Trauma-Informed Care

☐3 Are you interested in training on Trauma-Informed Practice?



nswer Cholces	Responses	
Yes, need basic training	50.00%	3
Yes, need intermediate training	16,67%	1
Yes, need advanced training	33.33%	2
No, not interested	0.00%	c
otal		

Pediatric Survey to Assess Knowledge of Trauma-Informed Care

Q4 Is there a specific resource that would be helpful for you to implement a Trauma-Informed Practice?

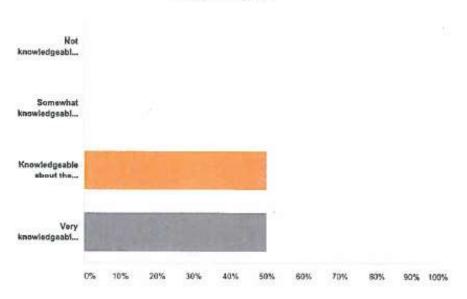
Answered 5 Skipped 0

	Responses	Date
10	Need more information about if we are looking at ACES in our practice both positive and negative outcomes that might arise.	12/30/2016 9:37 AM
2	I do not know the term traums informed. All our staff has BLS certification and the docs are PALS trained. We have mock codes and the ability to do hag mask ventilation with oxygen	12/29/2016 1 46 PM
3	real world examples of how other providers are integrating this into their clinic and the ability to form a community team to provide support to the families outside of my clinic walls	12/29/2016 12:34 PM
4	On-line module would be great or a page of resources/literature to read to start	12/29/2016 11 15 AM
5	Not sure. Would like some real life examples.	12/29/2016 10:25 AM
6	not sure	12/14/2016 7 18 PM

Pediatric Survey to Assess Knowledge of Trauma-Informed Care

Q5 How familiar are you with the Adverse Childhood Experiences study (ACEs)?



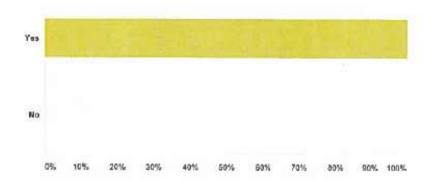


Answer Choices	Responses
Not knowledgeable about the Adverse Childhood Experiences study (ACEs)?	0.00%
Somewhat knowledgeable about the Adverse Childhood Experiences sludy (ACEs)?	0.00%
Knowledgeable about the Adverse Childhood Experiences sludy (ACEs)7	50.00%
Very knowledgeable about the Adverse Childhood Experiences study (ACEs)?	50.00% 3
Total	6

Pediatric Survey to Assess Knowledge of Trauma-Informed Care

Q6 If you answered "knowledgeable" or "very knowledgeable", do you incorporate this knowledge into your practice?



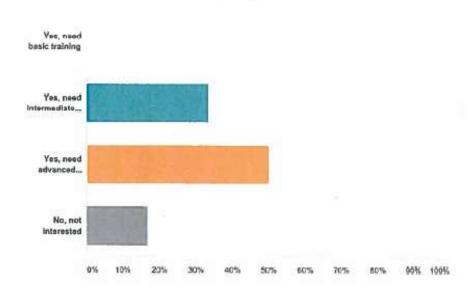


Answer Choices	Responses	
Yes	100.00%	6
No	0.00%	0
Total		6

Pediatric Survey to Assess Knowledge of Trauma-Informed Care

Q7 Are you interested in training on ACEs?

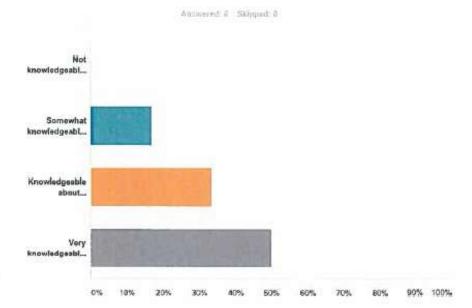




nswer Cholces	Responses	
Yes, need basic training	0.00%	0
Yes, need intermediate training	33,33%	2
Yes, need advanced training	59.00%	3
No, not interested	16,67%	1
otal		6

Pediatric Survey to Assess Knowledge of Trauma-Informed Care

Q8 How knowledgeable are you about prevention of shaken baby syndrome/abusive head trauma?



swer Chalces	Responses	
Not knowledgeable about prevention of shaken baby syndromerabusive head trauma?	0,90%	0
Somewhat knowledgeable about prevention of shaken baby syndrome/abusive head trauma?	16.67%	d
Knowledgeeble about prevention of shaken baby syndrome/abusive head trauma?	33.33%	-3
Very knowledgeable about prevention of shaken baby syndrome/abusive head trauma?	50.00%	3
tal		

Pediatric Survey to Assess Knowledge of Trauma-Informed Care

Q9 if you answered "knowledgeable" or "very knowledgeable", do you incorporate this knowledge into your practice?

Answered 5 Skipped: 1

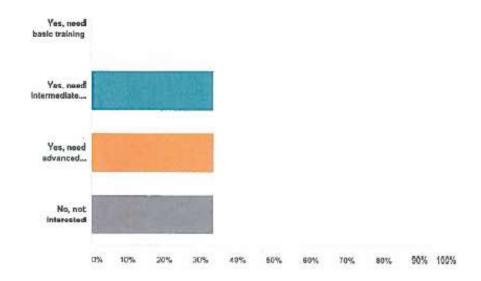


Answer Choices	Responses	
Yes	109.00%	5
Na	0.00%	0
Total		5

Pediatric Survey to Assess Knowledge of Trauma-Informed Care

Q10 Are you interested in training on prevention of shaken baby syndrome/abusive head trauma?

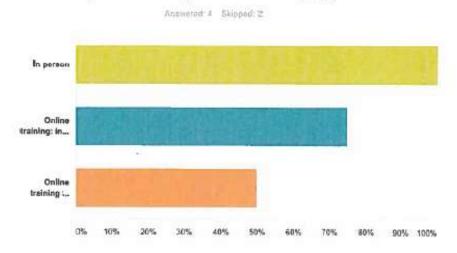
Answered # Skipped: 9



Answer Choices	Responses	
Yes, need basic training	0.00%	D
Yes, read intermediate training	33.33%	2
Yes, need advanced training	33.33%	2
No, not interested	33.33%	2
Total		6

Pediatric Survey to Assess Knowledge of Trauma-Informed Care

Q11 If you are interested in receiving training, what training format works best for your needs? (Select all that apply)



Answer Choices		Responses		
In po	rson	100,00%	4	
Onli	Online training in roal time so I can ask questions of the presenter		3	
Onlin	Online training: pre-recorded so I can watch at my convenience		2	
Fotal Res	pondents: 4			
	Other (please specify)	Date		
	I think having on-line at my convenience would be best place to start the process than later make in-presont ive events available. Or consider project ECHO format where we can bring cases and get advice	12/29/2016 11 17 AM		

Montana Children's Trust Fund: PROJECTED BUDGET JULY 1, 2017 THROUGH JUNE 30, 2018

DRAFT

CATEGORY	FEDERAL	STATE SPECIAL	STATE	TOTAL	% OF ALL
	CBCAP		GENERAL	FUNDING	FUNDS
AGENCY INDIRECT	\$6,765.00	\$0.00	\$0.00	\$6,765.00	1.41%
STAFF TRAVEL	\$8,500.00	\$0.00	\$0.00	\$8,500.00	1.77%
GRANTEE MTG/TRAIN/EVAL	\$13,500.00	\$0.00	\$0.00	\$13,500.00	2.81%
STAT PLANNING	\$2,000.00	\$0.00	\$0.00	\$2,000.00	0.42%
ZERO TO THREE	\$0.00	\$0.00	\$110,000.00	\$110,000.00	22.93%
PROGRAM CONTRACTS	\$105,000.00	\$125,000.00	\$0.00	\$230,000.00	47.94%
PROGRAM STAFF/VISTA	\$29,000.00	\$20,000.00	\$0.00	\$49,000.00	10.21%
BOARD ADMIN/TRAIN/TRV	\$10,000.00	\$0.00	\$0.00	\$10,000.00	2.08%
PUBLIC AWARENESS	\$25,000.00	\$0.00	\$0.00	\$25,000.00	5.21%
SPECIALPROJECTS/MINIGRANTS	\$25,000.00	\$0.00	\$0.00	\$25,000.00	5.21%
TOTAL AMOUNTS	\$224,765.00*	\$145,000	\$110,000.00	\$479,765.00	100.00%

The CBCAP grant is supported by a 0.75 FTE position within the MT DPHHS. The costs and funding associated with this position are <u>not</u> included in the numbers listed above. This position is allocated across the department to all programs that work with and are funded as child abuse and neglect prevention programs.

*The MT CTF anticipates spending \$224,765.00, which is over the \$200,000 CBCAP base amount received annually. We have funds from the previous year's CBCAP grant that we will be spending, justifying the funding amounts in the CBCAP column over the base amount. Additionally, we anticipate a small increase in our award based on our leveraged funds.

BUDGET NARRATIVE:

Agency Indirect (\$6,765.00): These funds are used for indirect costs that cover fiscal oversight of the grant, general monthly operating costs, fiscal reports, quarterly and annual fiscal reports to the federal government, accounting expenses, rent, computers, and phones. This is an estimate only. There is an increase in this line item due to an increase in staff and associated costs as listed above.

<u>Staff Travel (\$8,500):</u> These funds will be used to cover travel expenses associated with mandated attendance at the National CBCAP meeting, the Grant Manager and/or staff attending the National Alliance of Children's Trust Funds' Annual Meeting, and for other conferences, collaborative meetings and workshops. This includes funds for program site visit travel as well as travel to build and maintain child abuse and neglect prevention partnerships and collaborations as needed with the 8 tribes of Montana, 22 Best Beginnings Coalitions and early childhood education collaborations.

Annual Grantee's Meeting, Trainings and Evaluation (\$13,500): Every year the MT CTF holds an Annual 2-day Grantees' Training Meeting. Travel costs and lodging are covered as this is a mandatory meeting for all funded programs in Montana (estimated 30-35 attendees). Additional funds have been set aside for other trainings to be discussed at upcoming board meetings. A few training opportunities that have been brought to the table include, but are not limited to, sustainability/fundraising training, mindfulness training, and a Strengthening Families workshop. Participants are encouraged to invite parent leaders. Evaluation is important for the MT CTF to be able to show, through our data, that we are impacting families, increasing protective factors and decreasing child abuse and neglect in Montana. The MT CTF board members and staff are continually working to better assess and evaluate the MT CTF and our grantees. We are trying to establish new and more efficient measurement tools that can serve multiple purposes.

Strategic Planning (\$2,000): Each year the MT CTF hires an outside facilitator to assist in strategic planning.

Zero to Three (\$110,000): The MT CTF will utilize Zero to Three funds (State General) to provide a cultural adaptation of the Period of PURPLE Crying materials and training specific to American Indians in Montana. Afterwards, a master training will be held based on the cultural adaptation. Funds may also be utilized for travel to each reservation for relationship building with each individual tribe. Additionally, these funds will be utilized to meet the MT-DPHHS goals and objectives for prevention per the Montana Code Annotated.

Program Contracts (\$105,000 federal funds and \$125,000 special revenue funds): During the 2016-2017 state fiscal year the MT CTF will fund 7 new child abuse and neglect prevention programs at \$15,000 each. We estimate total funding for new projects to be \$105,000. An additional \$100,000 of State Special Funding will go toward renewing 4 Best Beginnings Coalition contracts. Renewals will be based on performance and outcomes from the previous cycle. We anticipate a total of 11 main contracts. Another \$25,000 will be allocated for other contract(s) as determined by the board in 2016-2017, including the continuation of the Needs Assessment Project. (Florence Crittenton will not be renewing contract worth \$15,000. We can provide mini grants to our other grantees with these funds or roll it forward as we have 2 years to spend the funds; however we may need to do last minute adjustments if contract spending is not as expected.)

Program Staff/VISTA (\$49,000): This amount is allocated for the MT CTF Program Specialist/Technical Assistant position that was filled September 8, 2015. This position is a .75 position. Fiscal estimates this expenditure at \$43,000 including benefits. An additional \$6,000

(\$1,500 for training + \$4,500 for support) is included in this line item for the cost share of the AmeriCorps VISTA position that we have requested.

The CBCAP grant is supported by a 0.75 FTE position within the MT DPHHS. The costs and funding associated with this position are **not** included in the numbers listed above. This position is allocated across the department to all programs that work with and are funded as child abuse and neglect prevention programs.

<u>Board Administrative/Training/Travel (\$10,000):</u> These funds are allocated for MT CTF administrative costs for board meeting expenses, board member travel, and miscellaneous costs. Additionally, the board will send at least three of the board members, depending on availability, to either the National Alliance for Children's Trust Funds' Annual Meeting or the Annual CBCAP meeting in order to gain a better understanding of the work we do and what is done on a national level.

<u>Public Awareness Activities (\$25,000)</u>: In past years the MT CTF has allocated \$15,000 toward our annual income tax check-off campaign, which typically yields around \$42,000 in additional revenue. This year we have allocated \$25,000 to leverage with other organizations, community partners and sponsors across the state to build a year-round, multimedia campaign to raise awareness for the MT CTF and child abuse and neglect prevention. Funds will continue to be allocated to the MT CTF Income Tax Check-Off PSA, which runs from January through early April. Funding will be used to purchase brochures, posters, banners, and other awareness materials as needed throughout the year. The goal in Montana is to:

- ➤ Increase awareness of the Montana Children's Trust Fund.
- ➤ Increase private donations.
- > Increase awareness of the protective factors.

Special Projects/Mini-grants (\$25,000): The MT CTF board has designated \$30,000 for statewide child abuse and neglect data collection activities and mini-grants to community organizations. We will continue that collaboration and utilize the data to build a statewide, data-informed plan to decrease child abuse and neglect. The priorities for mini-grants are to:

➤ Increase protective factors and decrease risk factors for child abuse and neglect.

Increase community awareness pertaining to the prevention of child abuse and

BYLAWS

of the

MONTANA CHILDREN'S TRUST FUND BOARD

PURPOSE

The purpose of the Montana Children's Trust Fund Board is to use Children's Trust Fund monies, pursuant to MCA, Sec. 52-7-101, et seq., to fund services and activities related to a broad range of child abuse and neglect prevention activities and family resource programs operated by non-profit or public, community-based educational and service organizations.

MISSION STATEMENT

Strengthening and Supporting Montana Families by Preventing Maltreatment of Montana Children

Our purpose

The Children's Trust Fund exists to change outcomes in all children ages zero to 18 to ensure the protective factors are in place.

Our Vision

Our Montana children, ages birth to 18 years:

- ~ Are born into and raised in safe, stable, nurturing environments; and
- ~ Have parents who have confidence in their parenting skills, and who know where to go for help.

Our Montana communities:

- ~ Provide the training for parenting skills that people need and want;
- ~ Have resource directories in place so families can access and apply for services in streamlined ways;
- ~ Acknowledge the best practice parenting approaches and specifically know about and value the protective factors;
- ~ Consider raising children a priority community and collective responsibility; and
- ~ Learn from each other about the most effective approaches for parenting.

ARTICLE I. OFFICES

The principal office and place of business of the Board of Directors, hereinafter referred to as the Board, shall be located at DPHHS Director's Office Prevention Resource Center, PO Box 4210, Helena, Montana 59604-4210.

The Board may have such other offices as the Board may designate or the business of the Board may require from time to time.

ARTICLE II. BOARD OF DIRECTORS

- Section 1. <u>General Powers</u>: The affairs of the Board shall be managed by the Board, as directed by the Board pursuant to Title 52, Ch. 7, Part 1, MCA. Directors must be residents of the State of Montana. All Directors must be individuals. The Board may employ staff to carry out its duties as described in Title 52, Ch. 7, Part 1, MCA.
- Section 2. <u>Members</u>: The Board shall consist of seven members appointed by the Governor and serving 3-year terms. Two Directors must be chosen from state government agencies involved in education and social work relating to children. The Governor shall ensure geographic representation of appointees.
- Section 3. <u>Voting Rights</u>: Each Director in good standing shall be entitled to one vote on each matter submitted to a vote of the Directors. A proxy vote is permitted if provided in writing to the Chair, the Grant Administrator, or any other Director before a meeting. A proxy vote is the transfer of a Director's voting right for a specific Board meeting in which a Director is absent.
- Section 4. <u>Termination of Membership</u>: Membership on the Board of Directors may be terminated by the Governor at any time, and the replacement of a Director so terminated shall be by the Governor. Membership on the Board can be permanently suspended for the remainder of the Director's term if the Director fails to attend 2 consecutive scheduled meetings, and the remaining members of the Board do not, by a majority vote of Directors present, vote to re-establish membership. The Board of Directors, by affirmative vote of two-thirds of a quorum of the Directors, may permanently suspend a Director for cause after notice of the suspension, and the reasons for it have been given to the member not less than fifteen (15) days prior to the suspension and the member has an opportunity to be heard by the Board of Directors or a committee thereof empowered to act on behalf of the Board of Directors, orally or in writing, not less than five (5) days before the effective date of the suspension. The Chair shall notify the Governor's Office in writing of the suspension and request termination and replacement. Suspension for cause may include a Director's failure to attend two consecutively scheduled meetings.
- Section 5. <u>Resignation</u>: Any Director may resign by submitting a formal Letter of Resignation to the Governor, with a copy to the Chair.
- Section 6. <u>Reinstatement</u>: On written request signed by a former Director and filed with the Chair, the Governor may reinstate such former Director to membership on such terms as the Governor may deem appropriate.
 - Section 7. <u>Transfer of Membership</u>: Membership on the Board is not transferrable or assignable.
- Section 8. <u>Non-Discrimination</u>: The Board shall not take actions that discriminate based on race, color, sex, disability, national origin, marital status, age, political beliefs, religion, and creed.
- Section 9. <u>Regular Meetings</u>: The Chair of the Board, or in the absence of the Chair of the Board, the Vice Chair of the Board shall set the time and place of the regular meetings of the Board.
- (a) *Annual Meeting*. The first meeting of the calendar year shall be designated as the Annual Meeting, at which the officers of the Board shall be elected annually by the Directors.
- Section 10. <u>Compensation</u>: Directors as such shall not receive any stated salaries for their services.; but by resolution of the Board, a fixed sum and expenses of attendance, if any, may be allowed

for attendance at any regular or special meeting of the Board. Board members shall be reimbursed at the state rate for expenses of attendance at any regular or special meeting of the Board.

Section 11. <u>Board of Director Meetings by Electronic Means</u>: If authorized by the Chair, the Board or any designated committee of the Board may participate in a Board or committee meeting by electronic means, provided all persons entitled to participate in the meeting received proper notice of the meeting, and provided all persons participating in the meeting can hear each other at the same time. A Director participating in a meeting by electronic means is deemed present in person at the meeting. The Chair of the meeting may establish reasonable rules for conducting the meeting by electronic means.

Section 12. <u>Special Meetings</u>: Special meetings of the Board may be called by or at the request of the Chair or any two (2) Directors and shall be held at the place set by the Chair or at such other place as the Directors may determine.

Section 13. Notice of and Waiver of Notice for Special Director Meetings:

- (a) *Notice*. The Chair shall give either oral or written notice of any special Director meeting at least 3 days before the meeting. The notice shall include the meeting place, day and hour. If the meeting is to be held by electronic means (regardless of whether it is regular or special), the Chair or designee must provide instructions for participating in the meeting.
- (b) *Effective Date*. If mailed, notice of any Director meeting shall be deemed to be effective at the earlier of:
 - (1) 5 days after deposited in the United States mail, addressed to the Director's home or business address, with postage prepaid; or
 - (2) the date shown on the return receipt (if sent by registered or certified mail, return receipt requested, and the receipt is signed by or on behalf of the Director); or
 - (3) the date received.
- (c) *Waiver of Notice*. Any Director may waive notice of any meeting. The waiver must be in writing, signed by the Director entitled to the notice, and filed with the minutes or Board records.

A Director's attendance at a meeting waives the Director's right to object to lack of notice or defective notice of the meeting; this shall be true unless the Director, at the beginning of the meeting (or promptly upon arrival), objects to holding the meeting or transacting business at the meeting, and does not vote for or assent to action taken at the meeting.

Section 14. <u>Director Quorum</u>: A majority of the number of Directors shall constitute a quorum for the transaction of business at any Board meeting.

Section 15. <u>Directors Manner of Acting</u>:

(a) Required Number to Constitute an Act. The act of a majority of the Directors present at a meeting at which a quorum is present, when the vote is taken, shall be the act of the Board. If no quorum is present at a meeting of the Board, the Directors may not take action on any Board matter other than to adjourn the meeting to a later date.

- (b) *Director Approval*. The Board shall deem a Director to have approved of an action taken if the Director is present at a meeting of the Board unless:
 - (1) the Director objects at the beginning of the meeting (or promptly upon arrival) to holding it or transacting business at the meeting; or
 - (2) the Director's dissent or abstention from the action taken is entered in the minutes of the meeting; or
 - (3) the Director delivers written notice of dissent or abstention to the presiding officer of the meeting before its adjournment or to the Chair immediately after adjournment of the meeting. The right of dissent or abstention is not available to a Director who votes in favor of the action taken.

Section 16. <u>Conduct of Board of Director Meetings</u>: The Chair, or in the Chair's absence, the Vice-Chair, or in their absence, any person chosen by the Directors present shall call the meeting of the Board to order and shall act as the Chair of the meeting. The Chair, or the Chair's designee, shall establish rules of the meeting that will freely facilitate debate and decision making. The Chair will facilitate and call for votes as needed.

Section 17. <u>Director Action Without a Meeting</u>: The Directors may act on any matter generally required or permitted at a Board meeting without actually meeting, if a majority of the Directors sign a written consent describing the action taken and file all the consents as Board records. A signed consent has the effect of a meeting vote and shall be referred to as a meeting vote in any document.

Section 18. <u>Standards of Conduct</u>: A Director shall discharge his or her duties as a Director, including duties as a member of a committee, in keeping with the State Code of Ethics set forth in MCA Sec. 2-2-101 et seq., prohibiting conflict between public duty and private interest. Although the Board understands that Children's Trust Fund Directors are not specifically listed in the Code of Ethics, this Board agrees that each Director holds a position of public trust and, as such, agrees to abide by the State Code of Ethics.

Section 19. <u>Conflict of Interest:</u> No Director may participate in a vote for a direct award of funds to any entity or agency over which the Director has authority or in which the Director either has substantial financial interest or is engaged as counsel, consultant, representative or agent. In such cases, the Director shall abstain from the vote regarding the specific entity or agency.

ARTICLE III. OFFICERS

- Section 1. Officers: The officers of the Board shall be a Chair, and a Vice-Chair, and such other officers as may be elected in accordance with the provisions of these Bylaws.
- Section 2. <u>Election and Term of Office</u>: The officers of the Board shall be elected annually by the Directors at a regular meeting of the Board. If the election of officers is not held at such meeting, such election shall be held as soon thereafter as is convenient. New offices may be created and filled at any meeting of the Board. Each officer shall hold office until a successor has been duly elected and qualified.
- Section 3. <u>Removal</u>: Any officer elected or appointed by the Board may be removed from the officer position by the Directors whenever, in its judgment the best interest of the Board would be served

thereby, but such removal shall be without prejudice to the contract rights, if any, of the officer so removed.

- Section 4. <u>Vacancies:</u> A vacancy in any office because of death, resignation, removal, disqualification or otherwise, may be filled by the Board for the unexpired portion of the term.
- Section 5. <u>Powers and Duties</u>: The several officers shall have such powers and shall perform such duties as may from time to time be specified in resolutions or other directives of the Board. In the absence of such specifications, each officer has the powers and authority and shall perform and discharge the duties of officers of the same title serving in non-profit corporations having the same or similar general purposes and objectives as this Board.

ARTICLE IV. COMMITTEES

- Section 1. <u>Creation of Director Committees:</u> The Board Chair is authorized to create or terminate Special Committees as reasonably needed or upon the specific recommendations of the Board.
- Section 2. <u>Selection of Members:</u> To create a committee and appoint members to it, the Board must acquire approval by the majority of the Board.
- Section 3. <u>Special Committees:</u> A Special Committee may be composed of non-board members, but each Special Committee shall contain at least one member of the Board who will function as the Chair of the Special Committee.
- Section 4. <u>Number on Committee:</u> As determined by the Board Chair, a Committee may consist of any number necessary to accomplish the designated purpose.
- Section 5. <u>Chair to Appoint Members and Chairperson:</u> The Board Chair shall appoint the Committee members and shall designate the Committee Chairperson except as otherwise required by law.
- Section 6. <u>Chair Authority Over Committees:</u> All Committee members shall serve at the pleasure of the Board Chair.
- Section 7. <u>Chair as Ex-officio Committee Member:</u> Unless otherwise appointed to a committee, the Board Chair may serve as an ex-officio, non-voting member of any committee.
- Section 8. <u>Delegation of Authority to Special Committee:</u> With approval of the Board, the Chair may delegate to a Special Committee any authority or power which the Board itself possesses, including functions as a quasi-judicial board. The delegation of any authority or power shall be in writing.
- Section 9. <u>Committee Reports:</u> Active Committees shall report at each Board meeting. Reports may be oral unless the Chair requests a written report.
- Section 10. <u>Committee Termination:</u> Upon submission and acceptance of the final report of any Special Committee, said Committee shall automatically terminate.
- Section 11. <u>Grant Application Evaluation Committee:</u> A Special Committee will serve as the Grant Application Evaluation Committee for the applicable Grants and make recommendations to the full Board regarding applications and funding.

ARTICLE V. BOOKS AND RECORDS

The Board shall keep complete books and records of the account and also minutes of the proceedings of its Directors. At its principal office, the Board shall keep a record giving the names and addresses of members entitled to vote. All books and records of the Board may be inspected by any Director, Director's agent, or attorney for any proper purpose at any reasonable time.

ARTICLE VI FISCAL YEAR

The fiscal year of the Board shall be the state fiscal year which shall begin on the 1st day of July and end on the 30th day of June of each year.

ARTICLE VII. AMENDMENT OF BYLAWS

These Bylaws may be altered, amended or repealed, and new Bylaws may be adopted by a majority vote of the Directors present at any regular meeting or at any special meeting.

ARTICLE VIII. ADOPTION OF BYLAWS

These Bylaws, as revised, were adopted by a two-thirds vote of the membership of the Board on this 25 day of April, 2017 and are effective immediately.

Clementine Lindley, Chair

Montana Children's Trust Fund Board

Katie McLain

Healthy Mothers, Healthy Babies - the Montana Coalition

Child Abuse Prevention: Period of PURPLE Crying Dose Two

US Grant Application

Healthy Mothers, Healthy Babies - the Montana Coalition

Mrs. Katie McLain 400 N. Park Ave Helena, MT 59634 katie@hmhb-mt.org 0: 406.449.8611 M: 202.679.1679

Mrs. Katie McLain

400 N. Park Ave Helena, MT 59634

katie@hmhb-mt.org 0: 406.449.8611 M: 202.679.1679

Katie McLain

Healthy Mothers, Healthy Babies - the Montana Coalition

Application Form

US Application

This is the U.S. application. If you are not a registered U.S. nonprofit organization, please do not complete this application.

Description of Organization*

Healthy Mothers, Healthy Babies, The Montana Coalition Inc. (hereinafter HMHB) is a 501(c)(3) nonprofit organization formed in 1984. The organization's vision is that there will be a safe and healthy beginning for all babies in Montana. HMHB endeavors to improve the health, safety, and well-being of Montana families by supporting mothers and babies, age zero to three.

Fiscal Sponsor or Agent

Do you have a fiscal sponsor or fiscal agent?*

Please answer the below question indicating whether your organization has a fiscal sponsor or fiscal agent relationship with a nonprofit organization.

Definitions:

- Fiscal Sponsor A nonprofit organization that provides fiduciary oversight, financial
 management, and other administrative services to help build the capacity of charitable
 projects. A fiscal sponsorship is a formal arrangement in which a 501(c)(3) public charity
 sponsors a project that may lack exempt status. Fiscal sponsorship requires the fiscal
 sponsor to accept responsibility for proper use of the funds and the operation of the
 project the funds support.
- Fiscal Agent —A fiscal agent acts as a pass-through organization to allow another
 organization (the principal) to receive the donation. The Principal (the organization that
 receives the pass-through grant) controls the agent's activities and has no obligation to
 provide information to the fiscal agent or allow involvement beyond acceptance of the
 donation.

No

If yes, please enter the legal organization name.

i.e. Dennis and Phyllis Washington Foundation

Healthy Mothers, Healthy Babies - The Montana Coalition, Inc.

Katie McLain

Healthy Mothers, Healthy Babies - the Montana Coalition

Fiscal agent/sponsor Tax ID/ EIN, if applicable.

Please do not use dashes, i.e. 121234567

Fiscal agent/sponsor address, if applicable.

[Unanswered]

Proof of fiscal relationship

If a fiscal relationship with a nonprofit entity is present to carry out the grant, a proof of fiscal relationship letter is <u>required</u>. The letter must describe the nature of the relationship, and be signed by the applying organization and the fiscal sponsor or agent.

Project Information

Project Name*

Name of Project.

Child Abuse Prevention: Period of PURPLE Crying Dose Two

Project Description*

Be as specific as possible.

HMHB has successfully worked with all of Montana's birthing hospitals and others to ensure that 99% of parents of Montana newborns receive education under the Period of PURPLE evidence-based program to prevent abusive-head trauma (shaken baby syndrome) in infants. We know that all new parents experience frustration and feelings of being overwhelmed when babies cry and cannot be soothed. This program helps parents understand that this crying is normal – and is not because they are doing something "wrong." The acronym PURPLE is designed to remind parents about these normal stages of early infant crying:

- P Peak of Crying: Babies may experience heightened crying in the first five months.
- U Unexpected: Crying can come and go without explanation.
- R Resists Soothing: A baby may continue to cry despite attempts to soothe them.
- P Pain-like face: A crying baby may appear to be in pain even if they are not.
- L Long lasting: Crying can last as long as five hours or more a day.
- E Evening: Babies tend to cry more in the late afternoon or evening.

The other important word in the name is "Period." This helps parents understand there is a beginning and an end to the increased crying phase, usually from age 2 weeks until 5 months. New parents need all of the support that they can possibly get from their families, communities, and medical providers during these often challenging times.

Now that nearly all parents are receiving this potentially life-saving prevention program, HMHB plans to continue its work by implementing the next "dose" of The Period of PURPLE Crying Program implementation with Pediatricians, Public Health Nurses, Home Visitors, Child Care Providers and others who see babies and their caretakers after they leave the hospital. Reinforcing the program is important as babies grow, and stress often builds for parents. Building these statewide partnerships for Dose 2 of PURPLE is critical.

Katie McLain

Healthy Mothers, Healthy Babies - the Montana Coalition

Total Amount Requested*

Please know that the Foundation remits grant payments via ACH transfer. If approved for a grant, the Foundation will request an Authorization for Direct Deposit form to be completed concurrently with the Grant Agreement.

\$15,000.00

Total Project Cost*

\$30,000.00

Project Start Date*

Please indicate the approximate start date for the project.

01/01/2017

Project End Date*

Please indicate the approximate end date for the project.

12/31/2019

Capital Project*

Are the grant funds to be utilized for capital construction and/or equipment? Please be aware that these types of grants are rarely funded.

Νo

If yes, please explain.

Select Grant Type*

Installment grants are paid annually, with a maximum of one installment per year. If you are requesting 100% of funds in one calendar year, please select a one-time grant.

Installment Payment

If you selected "Installment Payment" please provide the amount requested per year.

Example 5 4 1

Year 1 - \$5,000

Year 2 - \$3,000

Year 3 - \$5,000

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Year 1 - \$5,000 Year 2 - \$5,000 Year 3 - \$5,000

Geographic Area*

Montana > Statewide

If you selected Montana, please select any additional counties that will be impacted.

Additional funding secured over \$500*

Please provide the detail of additional funding secured over \$500 for the specific project you are requesting grant funds for.

Please provide the donor name and amount secured in this format: Dennis and Phyllis Washington Foundation - \$10,000

Private donations - \$1,000

We are currently fundraising for dose 2 of PURPLE, including more private donations and grants.

How funds will be used *

Please provide a detailed financial breakdown of how Foundation funds would be used if granted. Please be advised that indirect costs not *directly related* to the implementation of the grant will not be funded.

Funds would be used to enable HMHB staff to provide education, training, and materials to Dose 2 providers; such as, Pediatricians, Public Health Nurses, Child Care Providers, and others. HMHB would also provide follow up implementation support to Dose 1 providers. The materials provided would include expanding the distribution of the HMHB "crying cards' that outline the PURPLE message already in wide-use throughout the state. The funds would also be used to bring these providers together to create a workgroup focused on sustaining child abuse prevention efforts.

Annual funding breakdown as follows:

Materials: \$1,000 - This funding would cover educational materials HMHB would provide to the previously listed providers.

Workgroup Coordination: \$1,000 - This funding would cover the costs of facilitating an ongoing workgroup on implementation.

Personnel: \$3,000 - This funding would cover costs for HMHB staff to coordinate the program and provide training and support.

Goals and Coordination

Goals*

Articulate the goals of the project and show specifically how the goals will have an impact.

HMHB will accomplish the following goals throughout the course of the project period.

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- Goal 1: Carry out meetings, trainings, and implementation support on PURPLE Dose One and Two for Pediatricians, Public Health Nurses, Child Care Providers, and others across the state of Montana.
- Impact 1: These efforts will have an impact by improving access to information and better sharing of an evidence-based abusive head trauma prevention program for babies to the Dose 2 providers. It will increase the effectiveness of Dose 1 by continuing on the message of PURPLE beyond the initial outreach that happens with new parents in hospitals and birthing centers.
- Goal 2: Distribute educational resources on PURPLE Dose One and Two to Pediatricians, Public Health Nurses, Child Care Providers, and others working with families caring for newborns across the state of Montana.
- Impact 2: These efforts will have an impact by increasing the use of an evidence-based abusive head trauma prevention program to reduce child abuse by reinforcing the messages of the Period of PURPLE Crying program with parents in follow up contacts with the professionals included in Dose 2.
- Goal 3: Establish a stakeholder workgroup to focus on implementation of The Period of PURPLE Crying Program statewide and to create and measure outcome data.
- Impact 3: These efforts will have an impact by creating a sustainable and wide-reaching workgroup that helps improve the implementation of PURPLE across the state by setting measurable outcomes and reporting on implementation data.

Anticipated total number of individuals served by this program or project*

Please estimate the total number of individuals you plan to serve throughout this program or project

25000

Anticipated youth served*

Please estimate the total number of youth (under 18) you plan to serve throughout this program or project

12000

Anticipated low income individuals served*

Please estimate the number of low income individuals you plan to serve throughout this program or project, as measured by the federal poverty level or other relevant metric

5000

Coordination/Collaboration*

The Foundation encourages the formation of partnerships to accomplish the goals you have identified. List your collaboration efforts here.

HMHB works in partnership with all of the Montana birthing hospitals and all but one of the birthing centers in the state. HMHB is currently in the process of rebuilding its role as a facilitator of a statewide coalition made up of community coalitions and organizations focused on improving the health, safety and wellbeing of babies and family in Montana, to share best practices among the coalitions, and to ultimately increase the number of collaborative partnerships with public and private organizations across the state to

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impact positive change. Our work with this coalition of organizations will help accomplish the goals we have identified. We are also a member of Montana Advocates for Children (MAC), which is a group that is working to improve state law and policy related to babies and their caretakers. This partnership will also be helpful in accomplishing the goals of this project.

Evaluation and Support

Evaluation*

How will you measure the success of your project? Explain the methodology you will use to objectively measure the impact of your project. Please reinforce your narrative with specific data measures.

We will use a logic model to build our evaluation and measure the impact of the project. It would start with the following:

Inputs: Funding from the Washington Foundation, other funding sources, staff, facilities and The Period of PURPLE Crying Program evidence-based model.

Activities: Trainings, meetings, outreach and material distribution to Dose One and Dose Two providers, workgroup efforts, outcomes development.

Outputs: Number of trainings/meetings held, number of materials distributed, number of members of the workgroup and meetings held, additional measurable outcomes as set by workgroup.

Outcomes (Short-term): Increase number of Pediatricians, Public Health Nurses, Child Care Providers, and others working with families of newborns who are using the Period of PURPLE Crying program. Set measurable numeric goal based on stakeholder workgroup input.

Outcomes (Long-term): A decrease in abusive head trauma numbers in babies in Montana. An increase in networking and communication between the medical community that engages with children and families and results in further implementation of evidence-based child abuse prevention programs.

We will track data throughout the life of the project through meeting notes, surveys, and statistics. We will also look at the project in phases including planning, implementation, and a transition to sustainability. This will allow us to track our progress and evaluate our impact.

We will do an annual evaluation review of the project where we ask the following questions:

- 1) Are all the planned activities being implemented and are they on schedule?
- 2) Have the activities supported coordination with other partners?
- 3) Have there been changes to the project working environment that might warrant changes to the overall program?
 - 4) Are the program activities sustainable?
 - 5) Are there any unintended consequences of the program?

This review will also take into account the information we have from meetings and surveys as well as our spending rate and fiscal needs.

Future Support*

Please note that the Foundation is not a long-term funder. Once our funds are expended, how will the project be financed or sustained?

HMHB is currently funded through private donations, grants from foundations, and a contract with the state. Our staff will continue to diversify funding for this project and look for ongoing sources of funding through DPHHS and other state and national foundations. To ensure that the work continues after the project period, our activities focus primarily on policy and systems change that, once created, will continue even without ongoing funding. Thus, our work with partner hospitals and health care provider focuses on education through the PURPLE program, which will continue on after the training and help them develop a

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self-perpetuating system that ensures the provision of this education and assistance for all families. The workgroup will not be needed indefinitely and they will develop a strategic plan that will include information on how the group plans to sustain its work after the project period ends that may focus on seeking funding for implementation of additional evidence-based child abuse prevention programs. The strategic plan with measurable outcomes will also outline activities to continue the work started through this grant without ongoing funding from the Washington Foundation.

Required Attachments

Proof of 501(c)3 Status*

If you are a nonprofit organization, upload a copy of your treasury letter certifying your 501(c)3 tax-exempt status, or evidence of government agency status under Section 170(c). If you are a school or government agency WITHOUT 501(c)3 tax-exempt status, or evidence of government agency status under Section 170(c), please enter either SCHOOL or GOVERNMENT AGENCY in the text box to satisfy this required question. A copy of the treasury letter is required for church entities.

IRS letter.pdf

IRS 990*

If you are a nonprofit organization, upload a copy of your latest IRS Report 990 or 990PF filed. If you are a school, church, or government agency WITHOUT a 990, please enter either SCHOOL, CHURCH, or GOVERNMENT AGENCY in the text box to satisfy this required question.

990 2014.pdf

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File Attachment Summary

Applicant File Uploads

- · IRS letter.pdf
- · 990 2014.pdf

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Department of the Treasury Internal Revenue Service District Director FEB 1 4 1987 -0436517 337000E0 MONEGARY ARNOT NO Dear Applicant : Based on information supplied, and ensuring your operations will be an stated in your application for recognition of exemption, we have determined you are exempt from Federal income tax under section 601(e)(5) of the Internal Revenue Code. We have further determined that you are not a private foundation within the meaning of section 509(a) of the Oods, because you are an organization described in section ("O(b)()(A)()) and 509(4)(). If your sources of support, or your purposes, character, or method of operation change, please let us know so we can consider the effect of the change on your exampt status and foundation status. In the case of an amendment to your organizational desument or bylaws, please could us a copy of the sampled dominant or bylaws. Also, you should inform us of all changes in your name or sidreds. As of January 1, 1984, you are liable for thems under the Vederal Insurance Cantributions Act (social security taxes) on remuneration of \$100 or more you pay to each of your employees during a calendar year. Yes are not liable for the tex imposed under the Federal thomployment fax Act (FUTA). Since you are not a private foundation, you are not subject to the excise taxes under Chapter 42 of the Code. However, you are not automatically except from other Federal excise taxes. If you have any questions shout excise, supleyment, or other Federal taxes. plasse let un knew. Demore may deduct contributions to you as provided in section 170 of the Code. Requests, legamies, devices, transfers, or gifts to you or for your use are deductible for Federal counts and gift tax purposes if they meet the applicable provisions of Code sections 2006, 2106, and 2522. Letter 947(DO) (Rev. 4-46) District Director, Chicago District

Katie McLain

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The bux checked in the heading of this letter shows whether you must file Form 590.

Heturn of immunisation known from Income fax. If Yes is unsaked, you are required to file form 590 only if your great receipts each year are normally more than \$25,000. If a return is required, it must be filed by the 16th day of the fifth month after the end of your annual accounting period. The lew imposes a penalty of \$10 a day, up to a maximum of \$5,000, when a return if filed late, unless there is reasonable cause for the delay.

You are not required to file Federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file on income tax return on Form 990-T. Exampt Organization business Income Tax Return. In this letter, we are bet determining whother any of your present or proposed activities are unrelated trade or business as defined in Section 515 of the Code.

You need an supleyer identification number even if you have no employers. If an employer identification number was not entered on your application, a number will be assigned to you and you will be advised of it. Please use that number on all returns you rile and in all correspondence with the Isbarran Ecvenne Service.

If the heading of this letter indicates that a caveat applies, the caveat below in an integral part of the letter.

Because this letter could halp resolve any quantions about your exempt status and foundation status, you should keep it in your personnent records.

If you have any questions, please contact the person whose name and telephone number are shown in the beading of this latter.

Sincerely years,

District Director

Letter 947(DO) (Rev. 4-86)

Katie McLain

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